



PATENT  
DOCKET: MMED01  
EXPRESS MAIL: *EI 03386926745*

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner of Patents and Trademarks  
Box Patent Application  
Washington, D.C. 20231

**NEW APPLICATION COVER SHEET**

Transmitted herewith for filing is the patent application of:

INVENTORS: Norman J. LeMaire III and William R. Hanna, Jr.

FOR: Surgical Instrument with Offset Jaw Actuator

TYPE OF APPLICATION

Original

Design

Plant

PAPERS ENCLOSED WHICH ARE REQUIRED FOR FILING DATE UNDER 37 CFR  
1.53(B)(Regular) OR 37 CFR 1.53(Design) APPLICATION

13 Page(s) of specification

6 Page(s) of claims

1 Page(s) of abstract

12 Sheet(s) of drawings *Figs 1-20*

Formal

Informal

ADDITIONAL PAPERS ENCLOSED

Preliminary Amendment

Information Disclosure Statement (37 CFR 1.98)

Form PTO-1449

Citations

Assignment of Invention to: \_\_\_\_\_

Declaration of Biological Deposit

Declaration and Power of Attorney

A verified statement to establish small entity status  
under 37 CFR 1.9 and 37 CFR 1.27.

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**Certification Under 37 CFR 1.10**

I hereby certify that this New Application Cover Sheet and the documents referred to as  
enclosed therein are being deposited with the United States Postal Service on this date  
1/31/98 in an envelope as "Express Mail Post Office to Addressee" Mailing Label  
Number EI 03386926745 addressed to the: Commissioner of Patents and Trademarks,  
Box Patent Application, Washington, D.C. 20231.

*Ronald R. K. Ponter*  
Type/Print name of person mailing

*Ronald R. K. Ponter*  
Signature of person mailing

Other \_\_\_\_\_  
 The filing fee has been calculated as below:

Regular Application

For:	No. filed	No. Extra	Rate	Small Entity	Rate	Other than Small Entity
Basic Filing Fee				\$395		\$790
Total Claims	21 -20=	<u>1</u>	x\$11	<u>11</u>	x\$22	
Independent Claims	3 -3=	<u>0</u>	x\$41		x\$82	
Multiple Dependent Claims			\$135		\$270	
				<b>Total:</b>	<b><i>#406 -</i></b>	

Design Application Filing fee calculation \_\_\_\_\_.  
 Plant Application Filing fee calculation \_\_\_\_\_.

A check No: 1541 in the amount of #406 - to cover the filing fee.  
(Please refund any overpayment.)

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The commissioner is hereby authorized to charge payment of the following fees associated with this communication to credit any overpayment to Deposit Account No. \_\_\_\_\_

Any additional fees required under 37 CFR 1.16

Any patent application processing fees under 37 CFR 1.17

The commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. \_\_\_\_\_

Any patent application processing fees under 37 CFR 1.17.

Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Date: 1/31/98

Reg. No. 37,656



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